



South Central District Health

Keeping your family & community healthy

Mortgage Survey Report

NITRATE <input type="checkbox"/> NITRITE <input type="checkbox"/> LEAD <input type="checkbox"/>		LEGAL DESCRIPTION				SURVEY #	
OWNER/APPLICANT NAME		Tw	Rng	Sec	Q Sec	RP	
MAILING ADDRESS		SUBJECT PROPERTY STREET/GRID ADDRESS					
CITY/STATE/ZIP		CITY/ST/ZIP				LOT SIZE	
SEND RESULTS TO		SUBDIVISION				LOT	BLOCK
MAILING ADDRESS		<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		# BDRMS			
CITY/STATE/ZIP		WATER: <input type="checkbox"/> PUBLIC/SHARED WELL <input type="checkbox"/> PRIVATE WELL					
PHONE	FAX/CELL	4. PLOT PLAN OF PROPERTY: (show well, septic tank, and drainfield in relation to home and lot)					
5. WELL IS ON PROPERTY (show location on plot plan) .		YES	NO				
WELL HEAD IS VISIBLE		<input type="checkbox"/>	<input type="checkbox"/>				
HOUSE IS CURRENTLY OCCUPIED		<input type="checkbox"/>	<input type="checkbox"/>				
Name: _____							
Phone - Home: _____ Work: _____							
6. LAST PUMPING DATE (must be within last 3 years- provide receipt) Date: _____							
Owner at installation: _____ Year built _____							
REMARKS: (Max 300 characters)							
I hereby authorize the health authority to have access to this property for the purpose of making a survey and certify that all the above information is accurate.							
SIGNATURE: _____						DATE: _____	
FEE:(Non refundable) \$		RECEIPT #:		RECEIVED BY:		DATE:	

OFFICIAL USE ONLY

SURVEY RESULTS

WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE			SEWAGE SYSTEM: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		
Date collected:	Collected by:	Results:	<input type="checkbox"/> No evidence of malfunction at time of inspection.		
		Absent <input type="checkbox"/> Present <input type="checkbox"/>	<input type="checkbox"/> Malfunction evident at time of inspection.		
		Absent <input type="checkbox"/> Present <input type="checkbox"/>	<input type="checkbox"/> Permit # _____ Date Insp: _____		
		Absent <input type="checkbox"/> Present <input type="checkbox"/>	<input type="checkbox"/> No record of permit being issued at time of installation.		
<input type="checkbox"/> Meets current bacteriological standards		<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Sewage system substandard and/or not approvable. (see comments)		
System <input type="checkbox"/> does <input type="checkbox"/> does not appear to meet recommended water system construction standards.					
Nitrate: _____ Nitrite: _____					
COMMENTS:					
			Completed by:		Date:

TWIN FALLS OFFICE 1020 Washington St. N. Twin Falls, ID 83301-3156 734-5900 • Fax 734-9502	BELLEVUE OFFICE 117 E. Ash St. Bellevue, ID 83313 788-4335 • Fax 788-0098	BURLEY OFFICE 2311 Parke Ave., Unit 4, Ste. 4 Burley, ID 83318 678-8221 • Fax 678-7465
GOODING OFFICE 145 7 th Ave. E Gooding, ID 83330 934-4477 • Fax 934-8558	JEROME OFFICE 951 'H' Ave. E. Jerome, ID 83338 324-8838 • Fax 324-9554	RUPERT OFFICE 1218 9th St., Ste 2 Rupert, ID 83350 436-7185 • Fax 436-9066

INSTRUCTIONS FOR COMPLETING MORTGAGE SURVEY APPLICATION

Please completely fill out the top portion (grayed area) including name, addresses, phone numbers, the complete legal description, and any other required information. The Mortgage Survey fee must be submitted with the application.

FEES: All Fees Are Non-Refundable

The inspector must have access to the entire area of the drainfield, septic tank, and/or wellhead. An additional charge may be required if this office must make additional visits to the property for any of the following reasons:

1. Animals are not properly restrained.
2. Inability to obtain a water sample for any reason (example: electricity not on).
3. Third water sample due to a contaminated well.
4. Incomplete information given, and inspector not able to locate well or septic area.

REQUIREMENTS

Incomplete applications will not be accepted. It is your responsibility to provide complete and accurate information. Please consult with one of our Environmental Health Specialists if you have questions.

- Provide:
1. Indicate where you wish the results to be sent: yourself directly, your bank, realtor, or we can call for you to pick-up when complete.
 2. Owner's name and property grid/street address.
 3. Verification of legal description to include:
 - a. Township, Range, Section, Quarter Section, and Parcel number.
 - b. Subdivision name, lot, and block if appropriate.
 - c. Assigned grid or street address.
(This information can be obtained from tax papers, deeds, irrigation notices, multiple listings, homeowners insurance, or at the local courthouse.)
 4. A dimensional plot plan must be drawn on the application showing the location of the septic tank, any drainfield, and any domestic wells that may impact the property.
 5. Wellhead should be visible and clearly marked on the plot plan.
 6. Supply the name of the property owner at the time the sewer system was installed.
 7. If the septic tank has been pumped, we will need a copy of the pumping receipt or a copy of your cancelled check. If it has not been pumped within the last three years, it will need to be pumped.
 8. Dogs must be restrained. Schedule an appointment.

RESULTS

Septic only results will generally be available within two working days following the survey. Any survey with water sample test results may take up to five working days after the sample is taken.

After a second coliform positive water sample, the owner may need to contact a private plumbing or well company to resolve the contamination problems or construction deficiencies.